Only

STATEMENT OF

PAGE 1/5 =

FEC FORM 1		ORGANIZATION					Office Use Only					
1. NAME OF COMMITTEE (ir	n full)	(Check if is changed		Example:If ty over the line		12FI	Ξ4M5					
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ADDRESS (number and street)		PO Box 26141										
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		Alexandria				VA		2313	-			
		CITY ▲				STATE	A		ZIP COI	DE▲		
COMMITTEE'S E-MA	AIL ADDRE	SS										
(Check if address is changed)		chris@election	cfo.com								Ш	
	-,	Optional Second E	E-Mail Addres ncounsel.c	s com		1 1 1	1 1 1	1 1 1		1 1		
COMMITTEE'S WEB	PAGE AD	DRESS (URL)										
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2. DATE 1		2015										
3. FEC IDENTIFIC	CATION N	JMBER ▶	C C005	92030								
4. IS THIS STATEM	MENT X	NEW (N)	OR	AM	ENDED (A)							
certify that I have e	examined th	nis Statement and to	the best of	my knowledg	e and belief	it is true, o	correct an	id comple	ete.			
Type or Print Name	of Treasure	r Chris Marston										
Signature of Treasure	er <i>Chris</i>	Marston		[Electron	ically Filed]	Date	11	30] / [Y	2015	Y	
NOTE: Submission of	false, erron	eous, or incomplete in						e penaltie	s of 2 U.	.S.C. §4	.37g.	
Office Use				Federal E	er information lection Commiss 800-424-9530				FORN ed 06/20		_	

Toll Free 800-424-9530

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